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# புதுச்சேரி மாநில அரசிதழ்

## La Gazette de L'État de Poudouchéry

### The Gazette of Puducherry

#### PART - II

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#### GOVERNMENT OF PUDUCHERRY SOCIAL WELFARE SECRETARIAT

(G.O. Ms. No. 1/2014/SWD/1136, dated 10th July 2014)

#### NOTIFICATION

In supersession of the orders issued in the G.O. Ms. No. 217/80-HEW (HSW), dated 16-10-1980 and G.O. Ms. No. 23/2001-Wel (SW-II), dated 16-10-2001 of the Welfare Secretariat, Puducherry, the Lieutenant-Governor, Puducherry has been pleased to approve and notify "The rules for the grant of scholarship for the differently abled students from 1st Standard to Postgraduate Degree including Professional Degree 2013" in the Annexure appended to this order.

2. This issues with the concurrence of the Finance Department *vide* U.O. No. 1777/F5/A2, dated 24-3-2014.

(By order of the Lieutenant-Governor)

K. UTHAMAN,  
Under Secretary to Government (Social Welfare).

**RULES FOR THE GRANT OF SCHOLARSHIP FOR  
DIFFERENTLY ABLED STUDENTS IN THE UNION TERRITORY  
OF PUDUCHERRY – 2013**

1. *Short title, extent and commencement.*— This scheme shall be called “The rules for the grant of scholarship for the differently abled students 2013” and they shall come into force from the academic year 2013-14.

2. *Object.*— The main purpose of the scheme of scholarship is to assist the differently abled students to secure such education academic, technical or professional training or even training on the shop/floor of the industrial establishment as would enable them to earn a living and to become useful members of the society.

3. *Scope.*— The scheme is applicable to the differently abled persons which shall comprise of four categories of the differently abled viz., the blind, the deaf, the orthopaedically handicapped and the mild mentally retardation.

4. *Definitions.*— In these rules, unless the context otherwise requires,—

(i) “Blind” means the blinds (visually impaired persons) are those who suffer from either of the following deformities:

(a) Total absence of sight; or

(b) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or

(c) Limitation of the field of vision subtending an angle of 20 degree worse.

(ii) “Deaf” means the ordinary deaf (hearing impaired persons) are those in whom the sense of hearing is non-functional for the ordinary purposes of life. Generally a loss of hearing at 70 decibel or above at 500, 1,000 or 2,000 frequencies will make residual hearing non-functional.

(iii) "Mild mentally retarded" means the mild mentally retarded persons who have the IQ range of 50 to 69 (standardised IQ test) which is indicative of mild retardation understanding and use of language tend to be delayed to a varying degree and executive speech problems that interfere with the development of independence may persist into adult life.

(iv) "Orthopaedically disabled" means the orthopaedically disabled are those who have a physical defect or deformity which causes interference with the normal functioning of bones, muscles and joints.

5. *Eligibility conditions.*— (i) *Nationality:* A candidate applying for scholarship under the scheme shall be a citizen of India and shall be visually impaired, hearing impaired and orthopaedically disabled or mild mentally retarded in accordance with the definition given in rule 4. Any students who are studying in the schools in the Union territory of Puducherry and the students who are the resident of Puducherry and pursuing higher studies in other States are eligible for scholarship under this rule.

(ii) *Educational requirement:* A differently abled *i.e.*, a visually impaired, a hearing impaired, an orthopaedically disabled or a mild mentally retarded will be eligible for the award of scholarship for study from 1st standard to postgraduate level. The candidate should have secured at least 40% marks at the previous annual examination. Provided that in the case of students studying in 1st standard, this condition does not apply.

(iii) *Income:* No scholarship will be admissible if the combined annual income of the parents/guardian of the candidate is more than ₹ 48,000 (Rupees forty-eight thousand only). A certificate to this effect will have to be submitted in Appendix-I.

(iv) *Other requirements:* (a) *Course.*— A candidate must be studying a full time course in an educational institution, recognised by the Central or State Government in respect of courses from 1st standard to 12th standard and in respect of undergraduate, postgraduate, professional courses the institution should be affiliated to a University or Organisation approved by the Central or State Government.

(b) Scholarship is not admissible to a candidate who earns an income.

(c) A candidate shall not be in receipt of assistance from any other voluntary or State source either in cash or by way of free boarding or lodging. A visually impaired or orthopaedically disabled enjoying free boarding or lodging shall be allowed to avail of the following facility subject to the other conditions laid down in this rule: (i) Readers allowance in the case of visually impaired students, (ii) Transport allowance in the case of orthopaedically disabled students.

*Note:* Exemption from the payment of tuition fees, etc., granted by an institution shall not be taken into account while giving the scholarship/allowance as above. The candidate will have to furnish a declaration duly attested by a Gazetted Officer of the Central/State Government, Member of Parliament or the State Legislature or by a Magistrate or the Head of the Institution.

6. *Rate of scholarship.*— (a) The rates of scholarships for different standards are as detailed hereunder:

Sl. No.	School education standard/Collegiate education	Day scholar (rate per month)	Hosteller (rate per month)	Reader allowances for visually impaired students only (rate per month)	Transport allowances for orthopaedically disabled students only (rate per month)
(1)	(2)	(3)	(4)	(5)	(6)
		₹	₹	₹	₹
1.	I to V	100	200	100	200
2.	VI to VIII or equivalent	200	400	160	200
3.	Class IX to XII, ITI, Diploma in Professional and Engineering Courses, etc./In-plant training or equivalent.	340	560	200	200
4.	UG courses Arts and Science or equivalent.	500	720	300	200

(1)	(2)	(3)	(4)	(5)	(6)
		₹	₹	₹	₹
5	UG courses professional and Engineering Courses, etc./In-plant training or equivalent including Vocational/Technical Professional Apprenticeship/ Certificate Courses/ PG Diploma Courses.	680	960	400	200
6	PG courses Arts and Science, Professional and Engineering Studies, etc./In-plant training or equivalent.	680	960	400	200

(b) Rates of other allowances.— (i) In the case of orthopaedically disabled student, who has abnormal defects requiring special arrangement for transport, a monthly allowances of ₹ 200 may be sanctioned. Each case will be examined on its own merit on the recommendations of the Head of the Institution and on the basis of medical certificates.

(ii) In the case of visually impaired student, readers allowance shall be paid, if it is certified by the Head of Institution that the candidate has continuously employed a reader during the period of study.

(iii) A scholar who is residing in hostel attached to an institution or in a lodging approved by the institution will be considered as a resident scholar.

7. *Tenure of scholarship.*— The scholarship will be tenable for study from 1st standard to postgraduate level and is renewable from year to year depending on promotion to next class or next year of course.

8. *Mode of applying.*— (a) Application should be made in the prescribed Form (Appendix-I) through the Head of the Institution where the candidate is admitted as a student.

(b) Each application shall be accompanied by the following documents, namely:-

(i) Medical certificate.— A medical certificate in the prescribed Form (Appendix-II, III and IV) that the candidate is visually impaired or hearing impaired or orthopaedically disabled within the meaning of the definition given in rule 4 from a registered Eye Specialist/ENT Specialist/Orthopaedic Surgeon. The student who has already received the scholarship under this scheme need not submit a fresh medical certificate with his application for next stage of study, if the study is continuous and there is no break in between.

(ii) Photograph.— A recent photograph in case of orthopaedically disabled showing the deformity.

(iii) Audiogram.— An audiogram chart in respect of a hearing impaired candidate.

(iv) Income certificate.— A certificate from an officer of Revenue Department not below the rank of Deputy Tahsildar indicating the combined annual income of both parents or guardian of the candidate as in the Form (Appendix-I).

(v) Certificate of age.— As evidence of age any of the following shall be acceptable.

(a) A certificate from the Head of Institution last attended; or

(b) Birth certificate; or

(c) Statement of mark sheet.

9. *Award of scholarship.*— (a) All applications shall be considered by the Directorate of Social Welfare, Puducherry, in consultation with such experts as it may consider necessary to consult. The decision of the Director of Social Welfare under the Government of Puducherry in regard to the award or rejection of scholarship shall be final.

(b) Every selected candidate shall be informed of the course for which scholarship has been awarded through the Head of Institutions.

(c) Scholarship will not be awarded for pursuing parallel course of study or for study outside India or for undertaking any training course for the second time.

10. *Payment.*— (a) The payment of scholarship will start from the month in which admission is taken and will be payable up to the month of examination. Provided that the period for which the scholarship is payable should not exceed the period for which the course is held; or

(i) Scholarship is not payable to a candidate for a month in which the course of study has not been commenced before the 20th of the month or when such candidate has not joined the course before the 20th.

(ii) Scholarship is not payable to a candidate for a month in which the course has terminated on or before the 8th of the month or the candidate has left the course of study in the institution before the 8th of the month; and

(iii) No payment shall be made if the examination terminates before the 8th of the month; and

(iv) If a blind student employs a reader, the reader's allowance will be paid if it is certified by the Head of Institution or a Gazetted Officer of the Government or a Member of Parliament or the Legislative Assembly.

(b) The payment of scholarship shall be remitted by the Director, Directorate of Social Welfare, Puducherry at such intervals as may be specified directly to the students' bank account through the Direct Benefit Transfer system (DBT) for which the students should open a bank account in any one of the nationalised bank. The student should also inform the aadhaar number and bank account number in the application form. On receipt of the candidate's progress report, further scholarship will be drawn and remitted under DBT system only. In no circumstances should the payment to the candidate exceed a month's scholarship at a time except if it relates to the past period.

11. *Leave of absence.*— (a) For continuous absence of a period not exceeding three months, the scholarship amount may be paid in full on medical grounds supported by evidence of a Government/Semi-Government hospital and the Head of the Institution. The period of leave applied for on any other ground will not qualify for payment of scholarship.

(b) Payment of scholarship will cease on the period of leave exceeding three months.

12. *Progress report.*— (a) The Head of Institution shall forward the annual progress report to the Director, Department of Social Welfare, Puducherry, separately in respect of every candidate in the Form given in Appendix-V.

(b) If the progress report of a candidate is not satisfactory, it shall be the responsibility of the Head of Institution where the candidate is studying to issue monthly warnings to the effect that unless the

candidate improves, scholarship is likely to be cancelled. In case, the Head of Institution is not satisfied with the progress of the candidate in spite of the warnings, the scholarship should not be paid to him/her and the matter should be immediately referred to the Department of Social Welfare, Puducherry, for final decision.

13. *Change of institution and discontinuance of the course.*—

(a) No candidate shall change the institution in which he/she is in receipt of the scholarship under these rules. Scholarship will automatically be cancelled from the date on which the institution is changed.

(b) A candidate may be required to refund the entire amount received on account of scholarship to the Government under these rules, if he/she discontinues his/her studies without assigning any reasons during the course of the year for which a scholarship awarded.

14. *Cancellation or withholding of scholarship.*— (i) A scholarship may be cancelled or withheld for a specified period which could be extended if a candidate fails to secure a pass in an annual examination or if the progress continues to be unsatisfactory or if the conduct is found to be unsatisfactory.

(ii) Furnishing incorrect information or suppressing material fact will automatically entail cancellation of scholarship besides other action being taken.

15. *Extension of scholarship.*— The Director, Social Welfare Department, Puducherry may at his discretion extend the scholarship for such period of study of the candidate as may have caused failure in an examination provided that the candidate's failure is due to circumstances beyond his/her control. Such extension shall normally be made on the advice of the Head of the Institution where the candidate is studying.

16. *Other condition.*— The Government reserves the right to amend the rules without notice.

17. *Interpretation and clarification.*— If any doubt arises with regard to interpretation of any of the provisions of the scheme, the matter shall be referred to the Secretary to Government (Social Welfare Department), whose decision thereon shall be final and bounding on the candidate/beneficiary.



## APPENDIX-I

[See rule 8 (a)]

(Scholarship for the differently abled students)

GOVERNMENT OF PUDUCHERRY

DIRECTORATE OF SOCIAL WELFARE

APPLICATION FORM FOR FRESH SCHOLARSHIPS

(Application must reach this department not later than ..... )

## PART-I

(To be filled in by the candidate or by his/her parent/guardian)

1. Name in full (Block letters) :
2. Bank account number :
3. Aadhaar number :
4. Postal address which :  
communication are to be sent.
5. (i) Are you a citizen of India? :  
(ii) Native place :  
(iii) Whether scheduled caste/ :  
tribe?
6. Date of birth (in Christian era) :
7. (i) Name of the parent/guardian :  
(ii) Profession :  
(iii) Address :  
(iv) Relationship of guardian :
8. Monthly income of both the :  
parents/guardian.

9. Nature of disability : Visually impaired/Hearing impaired/  
Orthopaedically disabled/Mentally  
retarded.

10. (i) Particulars of all examinations  
passed so far :

Name of examination	Year	Name of the institution
---------------------	------	-------------------------

(ii) Percentage of marks obtained :  
in the last examination passed  
(Mark list of the previous annual  
examination to be enclosed).

11. Have you ever received  
scholarship under this scheme? : Yes/No  
If yes, indicate—

- (i) The course of study :  
(ii) The period from which :  
scholarship was paid.  
(iii) Reference number, if any :

12. Please state whether you have :  
undergone any training course at  
any training centre for visually  
impaired/hearing impaired/  
mentally retarded approved by  
the Central/State Government.

13. (i) Course of study for which :  
scholarship is now desired.  
(ii) Date of commencement of:  
course.

(iii) Approximate date of :  
termination of the course.

(iv) Date of joining the present :  
standard in the course during  
the current academic year.

14. For visually impaired—

Have you engaged a reader/  
writer? : Yes/No

If yes, please indicate—

(i) Amount paid per month : ₹

(ii) Date of engagement :

15. Documents attached : (i) Medical certificate (disability)  
(ii)  
(iii)  
(iv)  
(v)

DECLARATION

I hereby declare—

(i) that I shall not accept any emoluments, scholarships, stipend or any other financial assistance or grant in any other form whatsoever, except, exemption from tuition fees from any other source during the tenure of this scholarship if awarded to me under the above scheme.

(OR)

that I am in receipt of assistance to the tune of ₹..... from .....and in the event of award of scholarship, I undertake to refund it from the month, the scholarship is payable to me, to the source from where I have received it, and that during the tenure of scholarship if awarded. I shall not receive any other financial assistance, emoluments, scholarships, stipend or any grant in any form whatsoever, except the exemption from payment of fees.

(ii) that the statements made in the application are true to the best of my knowledge and belief and that no material information having a bearing on selection has been cancelled or withheld.

Place: *Signature of the candidate*

Date :

*Countersignature of the parent/guardian*

#### PART-II

[See rule 8 (a)]

(To be filled by the Head of Institution)

1. (i) Is the candidate enjoying free :  
board and/or lodging facility or  
any other concession in kind  
(ii) If so, indicate the monthly :  
amount equivalent to the  
concession.
2. Is the candidate residing in a :  
hostel attached to school ? If so,  
date from which residing
3. For orthopaedically disabled—  
(i) (a) Is the candidate using :  
any prosthetic appliance(s) and/  
or in any aid needed ?  
(b) If so, please indicate the :  
nature of appliance used.

(ii) (a) Is the candidate using :  
special transport to and fro to  
the institution ?

(b) If so, please indicate clearly:  
the mode of transport and the  
approximate distance travelled  
daily.

4. For visually impaired—

(i) Has the candidate engaged :  
a reader/writer?

(ii) If so, the monthly amount : ₹  
paid to his/her and the date  
from which engaged.

(i) Certified that the information given by the applicant in Part-I  
has been checked and found correct.

(ii) This institution recognised by the Government of.....  
.....and the course of study is recognised by that Government.

Place : *Signature of the Head of Institution*

Date : Name (in block letters) :

Designation :

Address :

PIN Code :

Phone number :

(Seal of the Head of Institution)

SCHOLARSHIP FOR THE DIFFERENTLY ABLED STUDENTS  
INCOME/RESIDENCE/CASTE CERTIFICATE

I, .....certify to the best of my knowledge and belief that the total combined income from all sources of both the parents/guardian of Thiru/Tmt./Selvi..... (Name of the candidate) is ₹ ..... per year. He/She belongs to ..... community and he/she is a resident/native of the Union territory of Puducherry by virtue of his/her birth/continuous residence of not less than five years.

*Signature of the Tahsildar/Deputy Tahsildar*

Name (in block letters) :

Designation :

Office stamp :

*Signature of the candidate*

Place :

Date :

*Note:* It may be given by a Revenue Officer not below the rank of Deputy Tahsildar.

DECLARATION TO BE GIVEN BY THE PARENT/GUARDIAN

I, ..... father/guardian of Thiru/Tmt./Selvi..... undertake to intimate to the Department of Social Welfare, Puducherry, any change in the above-mentioned income that takes place at any time during the currency of the scholarship granted in any year.

Place :

*Signature*

Date :

Profession :

Postal address :

**Scholarship for the differently abled students****INSTRUCTIONS TO THE CANDIDATES**

Candidates should get clarified about the rules, regulations for the award of scholarship to the differently abled students carefully before filling in the Application Form. A copy of the rules is available with Department of Social Welfare.

2. The application form must be filled-in accurately and legibly and all answers should be given in words and not by dashes or dots. It should be submitted through the Head of Institution to the Department of Social Welfare, Puducherry.

3. A candidate must send the following documents with the application:

- (i) Medical certificate;
- (ii) Income certificate;
- (iii) Caste certificate;
- (iv) Certificate of age;
- (v) Statement of marks of the previous annual examination;
- (vi) Recent photograph in the case of orthopaedically disabled candidates showing the deformity;
- (vii) Audiogram in the case of hearing impaired only.

4. Candidates are cautioned that if an application is incompletely or wrongly filled-in and is not accompanied by any of the documents mentioned above without a reasonable explanations having been given for its absence, the application is liable to be rejected and no appeal against its rejection shall be entertained.

5. The candidates who were in receipt of this department scholarship should invariably mention the previous reference number.

6. Candidates who are not selected, will not be informed individually and no communication to the acceptance or otherwise of the application will be entertained.

## APPENDIX-II

[See rule 8 (b)]

**DISABILITY CERTIFICATE**

(In cases of amputation or complete permanent paralysis of limbs  
and in cases of blindness)

Name and address of the  
Medical Authority issuing  
the certificate

Recent passport  
size attested  
photograph  
(showing the  
face only) of  
the person with  
disability.

Certificate No. ....

This is to certify that I have carefully examined Shri/Smt./  
Kum. .... son/wife/daughter of  
Shri ..... date of birth. .... age,  
years, male/female ..... Registration No. ....  
permanent resident of House No. .... Ward/Village/  
..... Street, Post Office ..... District  
..... State ..... whose  
photograph is affixed above and am satisfied that—

(a) he/she is a case of—

- Locomotor disability
  - Blindness
- (please tick as applicable)

(b) the diagnosis in his/her case is .....

(a) He/She has ..... % (in figure) ..... per cent  
(in words) permanent physical impairment/blindness in relation to his/  
her ..... (part of body) as per guidelines (to be  
specified).



2. The applicant has submitted the following documents as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate

*Signature and seal of authorised signatory  
of notified Medical Authority)*

*Signature/Thumb-impression of the person in  
whose favour disability certificate is issued.*

#### APPENDIX-III

[See rule 8 (b)]

#### DISABILITY CERTIFICATE

(In cases of amputation or completer permanent paralysis of limbs  
and in cases of blindness)

Name and address of the  
Medical Authority issuing  
the certificate

Recent passport  
size attested  
photograph  
(showing the face  
only) of the  
person with  
disability.

Certificate No. ....

This is to certify that I have carefully examined Shri/Smt./Kum.  
.....son/wife/daughter of Shri ..... date of  
birth ..... age ..... years, male/  
female ..... Registration No. .... permanent  
resident of House No.....Ward/Village .....  
Street, Post Office ..... District .....  
State ..... whose photograph is affixed above and  
am satisfied that—

(a) He/She is a case of multiple disability. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below and shown against the relevant disability in the Table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/Mental disability (in %)
(1)	(2)	(3)	(4)	(5)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	*		
5	Mental retardation	X		
6	Mental illness	X		

(b) In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified) is as follows:

In figures: ..... per cent.

In words:.....per cent.

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is—

(i) not necessary

OR

(ii) recommended/after.....years.....months and thereafter this certificate shall be valid till ..... (DD) (MM) (YYYY)

@ e.g. left/right/both arms/legs

# e.g. single eye/both eyes

\* e.g. left/right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

*Name and seal of  
Member*

*Name and seal of  
Member*

*Name and seal of the  
Chairperson*

*Signature/Thumb-impression of the person in  
whose favour disability certificate is issued.*

#### APPENDIX-VI

[See rule 8 (b)]

#### DISABILITY CERTIFICATE

(In cases of amputation or completer permanent paralysis of limbs  
and in cases of blindness)

Name and address of the  
Medical Authority issuing  
the certificate

Recent passport  
size attested  
photograph  
(showing the  
face only) of  
the person with  
disability.

Certificate No. ....

This is to certify that I have carefully examined Shri/Smt./Kum.  
..... son/wife/daughter of Shri ..... date of  
birth ..... age ... ..... years, male/  
female ..... Registration No. .... permanent resident

of House No. .... Ward/Village/ ..... Street,  
 Post Office ..... District ..... State  
 ..... whose photograph is affixed above, and am satisfied  
 that he/she is a case of ..... disability. His/Her extent of  
 percentage of physical impairment/disability has been evaluated as per  
 guidelines (to be specified) and is shown against the relevant disability  
 in the Table below:

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/Mental disability (in %)
(1)	(2)	(3)	(4)	(5)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	*		
5	Mental retardation	X		
6	Mental illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to  
 improve/not likely to improve.

3. Reassessment of disability is—

(i) not necessary

OR

(ii) recommended after ..... years ..... months, and  
 thereafter this certificate shall be valid till .....  
 (DD) (MM) (YYYY)

@ e.g. left/right/both arms/legs

# e.g. single eye/both eyes

\* e.g. left/right/both ears

4. The applicant has submitted the following document as proof of residence:

Nature of document	Date of issue	Details of authority issuing certificate

*Signature and seal of authorised signatory  
of notified Medical Authority.*

COUNTERSIGNED

[Countersignature and seal of the CMO/Medical Superintendent/  
Head of Government Hospital, in case the certificate is issued by a  
Medical Authority who is not a Government servant (with seal)].

*Signature/Thumb-impression of the person in  
whose favour disability certificate is issued.*

*Note:* In case this certificate is issued by a medical authority who  
is not a Government servant, it shall be valid only if countersigned by  
the Chief Medical Officer of the district.

*Note:* The principle rules were published in the Gazette of India  
vide Notification Number S.O.908(E), dated the 31st December 1996.

## APPENDIX-V

(See rule 12 )

## GOVERNMENT OF PUDUCHERRY

## DIRECTORATE OF SOCIAL WELFARE

ANNUAL PROGRESS REPORT OF THE DIFFERENTLY ABLED  
SCHOLAR FOR THE YEAR 201 – 201

- 1 Name of the scholar :
- 2 Aadhaar number :
- 3 Nature of disability :
- 4 Whether scheduled caste/tribe? :
- 5 Course of study/training pursued :
- 6 Date of joining the course in :  
your institution
- 7 Present standard of study :
- 8 Date of joining in present :  
standard.
- 9 Approximate date of conclusion :  
of course in your institution  
during this year.
- 10 (i) Date of commencement and :  
termination of examination. State  
whether the examination is a  
public one or otherwise.  
(ii) Result of the examination :  
and comments.
- 11 (i) Whether scholar has sought :  
readmission after annual  
public examination and if so,  
the date of rejoining the  
institution?

(ii) Whether scholar was :  
continuously on the rolls of the  
institution.

(iii) If not, indicate the reasons :  
of absence and period of  
absence.

12 Any warning/caution issued to :  
the scholar for poor progress of  
studies/poor conduct for other  
reasons, give details

13 Please state if the scholar is in :  
receipt of financial assistance  
from any other source, if so,  
the name of the source, the  
amount per month/any other  
details may be indicated.

14 Whether the scholar is :  
continuously residing in  
approved hostel.

15 Any other remarks :

Place :

*Signature of the Head of Institution*

Date :

Seal of the institution

PIN

**FORMAT FOR RENEWAL OF SCHOLARSHIP TO DIFFERENTLY ABLED STUDENT  
FOR THE YEAR 201 - 201**

Name of the Institution:

The following student who was granted scholarship during 201 - 201 and who is now pursuing his/her studies in this institution may renew the scholarship during the current academic year.....

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Name of the student	Date of birth	Name of the father/guardian	School in which studies	Class studied in last year	Class studying this year	Date of joining the class	Approximate date of conclusion in present standard	Percentage of marks obtained during last year 201 -201 (Mark list of the final examination should be enclosed)	In which scholarship was granted last year		
									Sl. No.	G.O. Rt. No. and date	Bill No. and date



*Certified that:*

1. The student has been promoted to next higher class.
2. The student has been regular in attendance during the pursuing year.
3. The conduct of student was good (            ).
4. That the student included in the above list is eligible to receive the assistance.
5. The student included in the proposal for the year 201 - 201    has not recommended previously.
6. The student is not in receipt of sub-assistance from any other voluntary or State sources either in cash or by way of free boarding or lodging.

*Signature of the Head of Institution*

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